ADCC Name: Casamina Adult Day Care Home

Address: 1426 Ala Napunani Street

Honolulu, Hawaii 96818

Community Ties of America 45-955 Kamehameha Highway, Suite 300 Kaneohe, HI 96744

Compliance Manager Name: Deborah Baumgart LPN

Adult Day Care Center (ADCC) RECERTIFICATION Deficiency Report

11/24/2021		Date Corrective Action Plan is Due:	Deliciency Report
Check Item	H.A.R. 17-1424 Chapter #	Chapter Heading	Rule # and Non-Compliance findings
ок	3	Application for Certificate of Approval	
ок	11	Administration	
ок	12	Personnel and Staffing	
ок	13	Admissions	
ок	14	Participant Fees	
ок	15	Transportation	
ок	16	Services for Center Participants	
ок	17	Physical Location	
ок	18	Fire Protection	
ок	19	Other Disasters and Evacuations	

The CTA Compliance Manager has reviewed the above items with me and has provided me with a copy of this form. It is my responsibility to correct all items listed above and provide a written plan of correction to CTA within the timeframe stated above.

If this box is checked then I understand that I met all requirements and no corrective act PRINT NAME:	tion is requ	uired		
SIGNATURE: Amelia Cabada	Date:	[1	24	21
Compliance Manger Signature	Date:	11/	24/2	1